

California Nonresident or Part-Year Resident Income Tax Return 2002

Short Form

FORM

540NR

Step 1

Place label here or print

Name and Address

Your first name	Initial	Last name		
If joint return, spouse's first name	Initial	Last name		
Present home address — number and street, PO Box or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

Step 1a

SSN

Your social security number	Spouse's social security number
<input type="text"/>	<input type="text"/>

IMPORTANT:

Your social security number is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 4 ☐ Head of household (with qualifying person). STOP. See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 2a

Residency

- ☐ State of residence
Yourself _____ Spouse _____
- ☐ Dates of California residency
Yourself from _____ to _____
Spouse from _____ to _____
- ☐ Active duty military — State of domicile
Yourself _____ Spouse _____

Step 3

Exemptions

Attach check or money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$80 = \$ _____

- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$80 = \$ _____

- 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

_____ Total dependent exemptions ● 10 ☐ X \$251 = \$ _____

- 11 Add line 7 through line 10. This is your total exemption amount 11 **Total** \$ _____

Step 4

Total Taxable Income

Standard Deduction

Single, \$3,004

Married filing jointly, Head of household, or Qualifying widow(er), \$6,008

- 12 Total California wages from all your Form(s) W-2, box 16 ● 12 _____

- 13 Enter federal adjusted gross income from Form 1040, line 35; Form 1040A, line 21; Form 1040EZ, line 4; TeleFile Tax Record, line 1; Form 1040NR, line 34; or Form 1040NR-EZ, line 10 13 _____

- 14 Unemployment compensation and military pay adjustment. See instructions ● 14 _____

- 17 Adjusted gross income from all sources. Subtract line 14 from line 13 ● 17 _____

- 18 **Standard deduction** for your filing status (see the left margin). If you filled in the circle on line 6, see instructions ● 18 _____

- 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 _____

Step 5

California Taxable Income

Attach a copy of your Form(s) W-2 and 1099(s) showing California tax withheld.

- 20 Tax on the amount shown on line 19 ● 20 _____

- 21 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1, see instructions) ● 21 _____

- 22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 22a _____

- 22b CA Prorated Standard Deduction. Multiply line 18 by line 22a 22b _____

- 22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter 0 ● 22c _____

- 23 CA Tax Rate. Divide line 20 by line 19 23 _____

- 24 CA Tax Before Exemption Credits. Multiply line 22c by line 23 24 _____

- 25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 25 _____

- 26 CA Prorated Exemption Credits. If the amount on line 13 is more than \$132,793, see instructions. Otherwise, multiply line 11 by line 25 26 _____

- 27 CA Regular Tax Before Credits. Subtract line 26 from line 24 ● 27 _____

Your name: _____ Your SSN: _____

Step 6

Nonrefundable Renter's Credit/ Total Tax

28 Amount from Side 1, line 27 28 _____

40 Nonrefundable renter's credit. See instructions ● 40 _____

46 Total tax. Subtract line 40 from line 28 ● 46 _____

Step 8

Payments

47 California income tax withheld (Form(s) W-2, box 17) ■ 47 _____

Step 9

Overpaid Tax or Tax Due

58 Overpaid tax. If line 47 is larger than line 46, subtract line 46 from line 47 ■ 58 _____

59 Tax due. If line 47 is less than line 46, subtract line 47 from line 46 59 _____

Step 10

Contributions

Alzheimer's Disease/Related Disorders Fund ● 61	00	CA Breast Cancer Research Fund ● 65	00
CA Fund for Senior Citizens ● 62	00	CA Firefighters' Memorial Fund ● 66	00
Rare and Endangered Species Preservation Program ● 63	00	Emergency Food Assistance Program Fund ● 67	00
State Children's Trust Fund for the Prevention of Child Abuse ● 64	00	CA Peace Officer Memorial Foundation Fund ● 68	00
		Lupus Foundation of America, California Chapters Fund ● 69	00
		Asthma and Lung Disease Research Fund ● 70	00

73 Add line 61 through line 70. These are your total contributions ● 73 _____

Step 11

Refund or Amount You Owe

74 **REFUND OR NO AMOUNT DUE.** Subtract line 73 from line 58. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 74

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75 **AMOUNT YOU OWE.** Add line 59 and line 73. See instructions. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 75

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79 If you **do not** need California income tax forms mailed to you next year,
fill in the circle ● 79 ☐

Step 13

Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instructions.

Fill in the boxes to have your refund directly deposited. Routing number ●

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Account Type:
Checking ● ☐ Savings ● ☐ Account number ●

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 3

Sign Here

It is unlawful to
forge a spouse's
signature.

Joint return?
See instructions.

Your signature	Daytime phone number (optional)
X _____	() _____
Spouse's signature (if filing jointly, both must sign)	
X _____	
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Date _____
	Paid Preparer's SSN/PTIN
	● _____
Firm's name (or yours if self-employed)	FEIN
Firm's address	● _____